County: Waupaca CRYSTAL RIVER NURSING/REHAB BOX 439 WAUPACA 54981 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 69 \*

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	50. 7 28. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 5	More Than 4 Years	20. 9
Day Servi ces	Yes	Mental Illness (Org./Psy)	1. 5	65 - 74	4. 5		
Respite Care	Yes	Mental Illness (Other)	4. 5	75 - 84	34. 3		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	47.8	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	3. 0	95 & 0ver	9. 0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 5			Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	0.0		100. 0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	17. 9	65 & 0ver	95. 5	[	
Transportati on	No	Cerebrovascul ar	7. 5			RNs	13. 8
Referral Service	No	Di abetes	10. 4	Sex	%	LPNs	9. 9
Other Services	No	Respi ratory	4. 5			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	49. 3	Male	31. 3	Aides & Orderlies	46. 8
Mentally Ill	No			Female	68. 7		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay		Manage	ed Care		Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ü	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	11	100.0	\$345.96	36	83. 7	\$91.69	0	0.0	\$0.00	11	100.0	\$136.00	2	100.0	\$280.00	60	89. 6%
Intermedi ate				6	14.0	\$75.66	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	9.0%
Limited Care				1	2.3	\$64. 97	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 5%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		43	100. 0		0	0.0		11	100.0		2	100.0		67	100.0%

County: Waupaca Facility ID: 7680 Page 2 CRYSTAL RIVER NURSING/REHAB

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services	s, and Activities as o	f 12/31	1/00		
beachs builing kepotering terrou				%	Needi ng			Total		
Percent Admissions from:		Activities of	%		stance of	% Totally	Nı	umber of		
Private Home/No Home Health	15.0	Daily Living (ADL)	Independent		r Two Staff	Dependent	Re	esi dents		
Private Home/With Home Health	0. 0	Bathi ng	1.5		86. 6	11. 9		67		
Other Nursing Homes	2. 3	Dressing	23. 9		70. 1	6. 0		67		
Acute Care Hospitals	78. 2	Transferri ng	25. 4		67. 2	7. 5		67		
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 4		67. 2	7. 5		67		
Rehabilitation Hospitals	0.0	Eating	83. 6		13. 4	3. 0		67		
Other Locations	4. 5	***************	******	*****	******	********	*****	******		
Total Number of Admissions	133	Continence			Special Trea			%		
Percent Discharges To:		Indwelling Or Externa	al Catheter	6. 0		Respiratory Care		6. 0		
Private Home/No Home Health	5.8	Occ/Freq. Incontinent		32. 8	Recei vi ng	Tracheostomy Care		0. 0		
Private Home/With Home Health	<b>37.</b> 0	Occ/Freq. Incontinent	of Bowel	11. 9		Suctioning Suctioning		0. 0		
Other Nursing Homes	16. 7				Recei vi ng	Ostomy Care		0. 0		
Acute Care Hospitals	8. 0	Mobility				Tube Feeding		3. 0		
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	ì	4. 5	Recei vi ng	Mechanically Altered	Di ets	11. 9		
Reĥabilitation Hospitals	0. 0									
Other Locations	8. 0	Skin Care			Other Reside	ent Characteristics				
Deaths	24. 6	With Pressure Sores		1. 5		nce Directives		85. 1		
Total Number of Discharges		With Rashes		0.0	Medi cati ons					
(Including Deaths)	138				Recei vi ng	Psychoactive Drugs		29. 9		
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		Ownershi p:			Si ze:		ensure:		
	This Proprietary		50-	99	Ski l	l ed	Al l		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87. 3	83. 7	1.04	86. 6	1. 01	87. 0	1.00	84. 5	1.03
Current Residents from In-County	76. 1	75. 1	1. 01	69. 4	1. 10	69. 3	1. 10	77. 5	0. 98
Admissions from In-County, Still Residing	21. 1	18. 7	1. 12	19. 5	1.08	22. 3	0. 94	21. 5	0. 98
Admissions/Average Daily Census	192. 8	152. 8	1. 26	130. 0	1.48	104. 1	1.85	124. 3	1. 55
Discharges/Average Daily Census	200. 0	154. 5	1. 29	129. 6	1.54	105. 4	1. 90	126. 1	1. 59
Discharges To Private Residence/Average Daily Census	85. 5	<b>59</b> . 1	1.45	47. 7	1. 79	37. 2	2. 30	49. 9	1. 72
Residents Receiving Skilled Care	89. 6	90. 6	0. 99	89. 9	1.00	87. 6	1. 02	83. 3	1.07
Residents Aged 65 and Older	95. 5	<b>95.</b> 0	1. 01	95. 4	1.00	93. 4	1. 02	87. 7	1.09
Title 19 (Medicaid) Funded Residents	64. 2	<b>65. 4</b>	0. 98	68. 7	0. 93	70. 7	0. 91	69. 0	0. 93
Private Pay Funded Residents	16. 4	23. 2	0. 71	22. 6	0. 73	22. 1	0.74	22. 6	0. 73
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	6. 0	31.4	0. 19	35. 9	0. 17	37. 4	0. 16	33. 3	0. 18
General Medical Service Residents	49. 3	23. 2	2. 12	20. 1	2. 45	21. 1	2. 33	18. 4	2. 67
Impaired ADL (Mean)	38. 2	48. 9	0. 78	47. 7	0. 80	47. 0	0.81	49. 4	0. 77
Psychological Problems	29. 9	44. 1	0. 68	49. 3	0.61	49. 6	0. 60	50. 1	0.60
Nursing Care Required (Mean)	2. 8	6. 5	0. 43	6. 6	0.43	7. 0	0. 40	7. 2	0.39